

Please TYPE or PRINT clearly, using a ballpoint pen - PRESS HARD

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. 7306

115

2 PART A	NAME	SITE ADDRESS	PHONE NO.	EPA I.D. NO.
GENERATOR	ISL Steel Corp.	3001 Dickey Rd East Chicago, IN 46312	219-391-2531	IND005462601
TRANSPORTER NO. 1	Industrial Disposal Corp.	P.O. Box 59 East Chicago, IN 46312	219-397-2664	IND044250587
TRANSPORTER NO. 2 (IF ANY)				
TREATMENT, STORAGE OR DISPOSAL FACILITY	Gary Land Development	P.O. Box 6056 Gary, IN 46406	219-944-7858	IND077005916

IF MORE THAN TWO TRANSPORTERS ARE TO BE UTILIZED, FILL OUT THE FOLLOWING AS APPROPRIATE

This Form Is No. ☐

Out Of A Total Of ☐

The First Manifest Document No. Is ☐

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN NUMBER	FORM				QUANTITY	UNITS				CONTAINERS		EPA HAZ CODE	EPA WAST TYPE
			SOLID	LIQUID	GAS	SLUDGE		GALLONS	CU YDS	POUNDS	TONS	NO.	TYPE		
1. Hazardous waste, solid, n.o.s.	CPM-E	NA9189				x	3770	x				1	RoL	T	FOO
2. (Central waste treatment plant sludge)	(12)														
3.															
4.															

Special Handling Instructions Including Container Exemption (I.e. Identification of Additional Wastes Included in Shipment of a Non-Hazardous Nature Which Do Not Have to be Manifested.)

GENERATOR'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S., EPA, and the State. The wastes described above were consigned to the Transporter named. The Treatment, Storage or Disposal Facility can and will accept the shipment of hazardous waste and has a valid permit to do so. I certify that the foregoing is true and correct to the best of my knowledge.

GENERATOR'S SIGNATURE <i>Robert O Leslie</i>		TITLE <i>Master Interoper</i>	DATE TO BE SHIPPED MONTH DAY YEAR <i>7 11 82</i>		EXPECTED ARRIVAL DATE MONTH DAY YEAR <i>7 11 82</i>	
Transporter HWT ID No. <i>127</i>	STATE <i>IN</i>	NUMBER <i>28900</i>	TRANSPORTER NO. 1 SIGNATURE AND CERTIFICATION OF RECEIPT OF SHIPMENT <i>William J. ...</i>		DATE RECEIVED MONTH DAY YEAR <i>7 11 82</i>	

TO BE FILLED OUT BY GENERATOR

Please TYPE or PRINT clearly, using a ballpoint pen — PRESS HARD

HAZARDOUS WASTE MANIFEST

3 PART A

DOCUMENT NO. 7305

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GENERATOR NAME VMI Steel Corp.	SITE ADDRESS 3001 Dickey Rd East Chicago, IN 46312	PHONE NO. 219-441-2511	EPA ID NO. IND04475051
TRANSPORTER NO. 1 Industrial Disposal Corp.	P.O. Box 59 East Chicago, IN 46312	219-297-2664	IND04475051
TRANSPORTER NO. 2 (IF ANY)			
TREATMENT, STORAGE OR DISPOSAL FACILITY Cary Land Development	P.O. Box 5056 Cary, NC 27513	919-242-6829	IND04700591

IF MORE THAN TWO TRANSPORTERS ARE TO BE UTILIZED, FILL OUT THE FOLLOWING AS APPROPRIATE

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TO BE FILLED OUT BY GENERATOR

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN NUMBER	FORM				UNITS				CONTAINERS NO.	TYPE	EPA HAZ CODE	T W
			SOLID	LIQUID	GAS	SLUDGE	QUANTITY	GALLONS	CUBIC YDS	POUNDS	TONS			
1. Hazardous waste, solid, n.o.s.	ORM-E	183129				X								
2. (Central waste treatment plant sludge)	(12)						3700							
3.														
4.														

Special Handling Instructions Including Container Exemption (ie. Identification of Additional Wastes Included in Shipment of a Non-Hazardous Nature Which Do Not Have to be Manifested)

GENERATOR'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA, and the State. The wastes described above were consigned to the Transporter named. The Treatment, Storage or Disposal Facility can and will accept the shipment of hazardous waste and has a valid permit to do so. I certify that the foregoing is true and correct to the best of my knowledge.

GENERATOR'S SIGNATURE <i>George Perney</i>	TITLE <i>Plant Waste Operator</i>	DATE TO BE SHIPPED MONTH <input type="checkbox"/> DAY <input type="checkbox"/> YEAR <input type="checkbox"/>	EXPECTED ARRIVAL DATE MONTH <input type="checkbox"/> DAY <input type="checkbox"/> YEAR <input type="checkbox"/>
Transporter HWT ID No. 2819129051	STATE IN	NUMBER 7305	TRANSPORTER NO. 1 SIGNATURE AND CERTIFICATION IN RECEIPT OF SHIPMENT <i>Robert Ude</i>